| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity) 7 E | | | | Docket No. Wellogix-002:CIP | |
|--|---|--------------|--|---|-----------------------|
| In Re Application Of: Jeffrey Livesay MAY 2 2 2008 | | | | | |
| Application No. | Filing Date | TRADEXE TIME | Customer No. | Group Art Unit | Confirmation No. |
| 09/801,016 | 6 March 2001 | Ella Colbert | 021897 | 3696 | 1305 |
| Invention: Method and process for providing relevant data, comparing proposal alternatives, and reconciling proposals, invoices, and purchase orders with actual costs in a workflow process | | | | | |
| COMMISSIONER FOR PATENTS: This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of 13 Dec 2007 in the above-identified application. Date The requested extension is as follows (check time period desired): | | | | | |
| ☐ One month ☐ Two months ☐ Three months ☐ Four months ☐ Five months | | | | | |
| from: 13 Dec 2007 until: | | | 13 June 2008 Date | | |
| The fee for the extension of time is \$590 and is to be paid as follows: ☐ A check in the amount of the fee is enclosed. ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 13-2166 ☐ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 13-2166 ☐ Payment by credit card. Form PTO-2038 is attached. ☐ WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. ☐ Dated: 22 May 2008 | | | | | |
| 2000 Bering Drive, Houston, Texas 770 US 713-355-4200 Telep 713-355-9689 Facsi | n (Customer No. 0218 Suite 700 057 Ohone | <i>,</i> | I hereby certideposited with sufficient postal addressed to "(Alexandria, VA | ify that this con the United State ge as first class Commissioner for P. 22313-1450" [37 CF | |
| cc: | | | Typed or Print | ed Name of Person M | ailing Correspondence |